

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 03/25/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/29/2007						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	471	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	414	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	38	2035	2119	84
		3411	269	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404904	WESTERN HIGHLAN DS LME	8599	196	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	115	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	666	9778	9112
		8533	83	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
3404910	PATHWAYS	11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	88	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	20	410	4203	3793
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	4	479	475
3404913	MECKLENBURG COM ENTAL HEALT	23	522	SERVICE REQUIRES PRIOR APPROVA L				
		79	278	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	4	1456	3063	1607
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	36	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	6	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	42	51	9
3404917	CENTERPOINT HUM AN SERVICES	8505	2107	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	177	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2458	3399	941
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3976	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	4097	4952	855
		79	37	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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3404920	ALAMANCE CASWEL L AREA MH D	8505	1757	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	315	DUPLICATE OF CLAIM-SYSTEM	1	2157	3265	1108
		8000	28	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	8505	1756	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	214	PRIOR AUTHORIZED DOLLARS EXCEE DED	0	2499	5562	3063
		8000	99	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404922	THE DURHAM CENT ER	8505	2009	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	313	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	28	2639	3157	518
		21	133	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	93	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	86	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	327	1806	1479
		8536	56	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2437	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	570	DUPLICATE OF CLAIM-SYSTEM	18	3681	7471	3790
		8599	296	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	21	208	DUPLICATE OF CLAIM-SYSTEM				
		23	152	SERVICE REQUIRES PRIOR APPROVA L	6	654	2460	1806
		8518	130	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404927	CUMBERLAND CO M HC	8505	25	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	12	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	57	425	368
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	618	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8511	23	CLAIM DENIED, NO BUDGET CRITER IA FOUND	0	641	827	186

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC BILLING OF	8599	198	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	180	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	74	770	8408	7638
		120	82	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	140	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	104	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	1	435	3155	2720
		8535	35	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404934	ONSLow CARTERET BEHAV HEAL	8534	168	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	712	1416	704
		11	125	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	492	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	508	933	425
		79	7	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404937	EDGEcombe NASH MNTL HLTH C	21	9	DUPLICATE OF CLAIM-SYSTEM				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	12	1207	1195
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	142	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		670	50	OTHER DIAGNOSIS CODE 4 IS INVA LID	0	265	1728	1463
		143	44	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404941	PITT CO MH/DD/S AS CENTER	21	406	DUPLICATE OF CLAIM-SYSTEM				
		8599	107	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	755	1536	781
		7001	101	EXCEEDS THE ONE PER DAY LIMITA TION				

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3404942	ROANOKE CHOWANN UMAN SERVIC	8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	7	DUPLICATE OF CLAIM-SYSTEM	0	21	370	349
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA L HEALTH CE	21	35	DUPLICATE OF CLAIM-SYSTEM				
		79	19	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	130	997	867
		8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	93	DUPLICATE OF CLAIM-SYSTEM				
		8536	12	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	5	138	2406	2268
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	730	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	7	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	753	1315	562
		3746	4	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
3404957	TIDELAND MENTAL HEALTH CTR	8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	14	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	4	82	956	874
		11	8	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	26	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	33	40	7
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				